

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Paboojian et al. Application No: 09/731,318 Confirmation No: 1028 Filed: December 6, 2000 Title: RECEPTACLES TO FACILITATE THE EXTRACTION OF POWDERS	Group Art Unit: 3734 Examiner: Mendoza, Michael G Attorney Docket No: 53246-US-CNT[2] (NV.50.01) July 13, 2012 San Francisco, CA 94107
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Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450	Extension of Time <input checked="" type="checkbox"/> Applicant requests an extension of time under 37 C.F.R. 1.136		
Via EFS <input type="checkbox"/> Response to Non-Final Office Action <input type="checkbox"/> Response to Restriction/Election Requirement <input checked="" type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings (Formal) <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Preliminary Amendment	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input checked="" type="checkbox"/> One Month	\$150.00	\$75.00
	<input type="checkbox"/> Two Months	\$560.00	\$280.00
<input type="checkbox"/> Three Months	\$1,270.00	\$635.00	
	Total \$ 150.00		
	<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	18	34	0	\$60.00	\$30.00	\$0.00
Independent Claims	3	3	0	\$250.00	\$125.00	\$0.00
Multiple Dependent Claims			0	\$450.00	\$225.00	\$0.00
Information Disclosure Statement						
				Total	\$0.00	

Fee Payment	Fee Deficiency
Extension of Time Fee for Notice of Appeal Total	<input type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .
<input type="checkbox"/> Attached is check no. _____ in the sum of <u>\$0.00</u> . <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <u>\$ 770.00</u> .	Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: NOVARTIS Corporate Intellectual Property One Health Plaza 101/2 East Hanover, NJ 07936-1080
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to (571) 273-8300, or electronically submitted via EFS on the date shown below:	Respectfully Submitted,
By: <u>/Amy M. Wells/</u> Amy Wells	By: <u>/Guy V. Tucker/</u> Guy V. Tucker Registration No. 45,302
	Date: <u>July 13, 2012</u>
	Date: <u>July 13, 2012</u>